

**Georgia Department of Community Health
State Health Benefit Plan
Materials Order Form**

ORDERING INSTRUCTIONS:

1. Fill in # of packets of form(s) requested and complete the shipping information section below.
2. Place an order: call (404) 656-2713, e-mail the request to hfarmer@dch.state.ga.us, or mail this completed form to: State Health Benefit Plan Attn: Forms Order Request, P.O. Box 38342, Atlanta, GA 30334, or fax to (404) 656-6405. Please allow 7-10 workdays for delivery.

Note: ***This form is available on our website, www.dch.state.ga.us.

DATE	DESCRIPTION		QUANTITY ORDERED	QUANTITY SHIPPED	
2004	PPO Provider Directories				
2005	Focus on your Choices Health Plan Decision Guide				
2005	Amendment to Focus on your Choices Health Plan Dec. Guide				
2003	Summary Plan Description Booklet dated April 1, 2003				
2003	July 1, 2003 Updater				
2004	July 1, 2004 Updater				
2005	July 1, 2005 Updater				
FORMS			FORMS PER PACK	# OF PACKS ORDERED	# OF PACKS SHIPPED
66-003	Request to Continue Health Benefits During Leave of Absence without Pay (Rev. 03/02)		50		
66-004	Declination of Health Benefit Coverage (Rev 02/01)		25		
66-005	Disability Certification (Rev. 03/02)		50		
66-010	Forms Transmittal Sheet (Rev. 02/00)		50		
66-082	Dependent Student Status Information (Rev. 02/00)		50		
66-088	Discontinuation of Retiree Health Benefit Coverage		25		
66-089	Discontinuation of Health Benefit Coverage (Rev. 02/01)		25		
66-090	Membership/Dependent and Miscellaneous Update Form (Rev. 04/05)		25		
66-092	Retirement/Surviving Spouse Form (Rev. 04/05)		25		
66-093	Notification of Return from Leave without Pay (Rev. 02/00)		25		

DELIVER TO:

Entity Name: _____ Payroll #: _____

Street Address: _____
(No P.O. BOXES)

City, State, Zip Code: _____

Contact Name: _____ Phone #: _____ Date: _____